

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Child Abuse Treatment (CHAT) Program

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: AT08050240 DATE OF SITE VIST: 11/17/09
2. GRANT PERIOD: 10/01/08 – 9/30/09
3. RECIPIENT/IMPLEMENTING AGENCY: Merced County
4. PROJECT DIRECTOR: Sommer Moniz

PERSONS INTERVIEWED DURING SITE VISIT:

| <u>NAME</u>             | <u>TITLE</u>                           | <u>AGENCY</u>         |
|-------------------------|--|-----------------------|
| <u>Edna Turner</u>      | <u>Licensed Clinical Social Worker</u> | <u>Merced Cnty.</u>   |
| <u>Vicki Valenzuela</u> | <u>Staff Fiscal Analyst</u>            | <u>Merced County.</u> |
| <u>Sommer Moniz</u>     | <u>Staff Services Analyst</u>          | <u>Merced County.</u> |

Claire Wimbley-Brown 11/30/09 Gillsa Miller 12/13/09  
Signature of Program Specialist Date Signature of Section Chief Date

Sommer Moniz 1-7-10  
Signature of Project Representative Date

11/30/2009

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES    NO    N/A

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

#### 2. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required CBO bonding? [R.H. Section 2161] Does not apply to state, city, or county units of government.
- Does the bond show:
  - Bonding company name
  - Bond number
  - Description of coverage
  - Amount of coverage (50% of allocation)
  - Bond period
  - Grant award number
  - Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?
  - Is Cal EMA named on the bond as the beneficiary?

|                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: \_\_\_\_\_

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have their CEQA documentation on file?

|                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|

Comments: \_\_\_\_\_

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? \*Ask for copy

|                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|

Comments: \_\_\_\_\_

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

YES   NO   N/A

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified? ☒   ☐   ☐

Comments: \_\_\_\_\_

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] ☒   ☐   ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments: Objective C to be reduced from 15 to 5 clients

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130] ☒   ☐   ☐
- Do policies include:
  - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions ☐   ☒   ☐
  - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒   ☐   ☐
  - Work hours ☒   ☐   ☐
  - Compensation rates ☒   ☐   ☐
  - Overtime ☒   ☐   ☐
- Did the Board approve the agency's current personnel policy? ☒   ☐   ☐

Comments: Recipient will submit electronically the paid staff member's timesheets – Personnel files housed in a separate location and staff were unavailable to pull CHAT staff's personnel files in time for visit.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

#### 8. FUNCTIONAL TIMESHEETS

- |   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Name of individual who approves purchases. <u>Sommer Moniz</u>   |                                     |                          |                          |
| ○ Name of individual who writes checks. _____  |                                     |                          |                          |
| ○ Name of individual(s) who signs checks. <u>Lisa Cardello-Presto</u>  |                                     |                          |                          |

Comments: Dual signatures are required for checks signed.

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

#### 11. PROJECT EXPENDITURES

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

YES NO N/A

Comments: Project current on billing, however reverting \$16,509 due to error with subcontract for LCSW billing administrative costs into budget; VOCA doesn't allow for administrative costs; therefore resulted in a cost savings to the grant. Additionally, error with billing all funds from Personal Services category, even though were billing for Operating Expenses. Project notified via electronically 11/18/09 on how to rectify via submitting a 2-201.

#### 12. MATCH REQUIREMENTS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

#### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: \_\_\_\_\_

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

#### GENERAL

YES NO N/A

#### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?

☒ ☐ ☐

☒ ☐ ☐

Comments: Objective C to be reduced from 15 to 5 clients.

#### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments: Project fully understand how to complete report and what the reporting requirements are for this program.

#### 3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments: Project utilizes a web based database developed and maintained by Merced County Employees IT department. Reports are easily retrievable; however continuing clients from previous fiscal year cannot be counted via running the web based report - must be counted by hand.

#### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments: Project provided copies of necessary Operational Agreements. Missing OA with Medical Facility. Project notified to secure an OA with a medical facility for those potential CHAT clients who may require a medical examination for sexual abuse cases.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments: Project has one full time LCSW who provides psychotherapy services to clients of Merced County.

### C. SUPPLEMENTAL PROGRAMMATIC REVIEW

- |   | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>               |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Does the project provide one-on-one therapeutic services by licensed clinicians? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Psychotherapy services provided by one full time LCSW at the office site.

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide information and referral to the local Victim Witness Assistance Center for victim compensation services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: Project refers clients to local Victim Witness Assistance Centers via a CHAT Pamphlet during intake process.

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 3. Does the project provide information and referral to the local Victim Witness Assistance Center for assistance, advocacy, and support during judicial proceedings? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments: CHAT Clients generally don't get referred to project with court cases.

- |                                     |                                     |                          |                          |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project use volunteers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments: Project utilizes 12 volunteers. Utilizes Interns to meet volunteer requirement. Project informed can use Interns to meet volunteer requirement as long as they provide VOCA allowable services.

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 5. Have all employees/volunteers completed the required background checks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: \_\_\_\_\_

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project staff have documentation supporting the completion of the required checks?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Reference Checks   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Child Abuse Central Index Checks   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Department of Motor Vehicle Checks   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 7. Have volunteers completed the required training prior to client contact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: Project doesn't utilize volunteers to provide one on one services to CHAT clients. However, the volunteers do undergo a 40-hour employee training. They are also trained on computers usage, sexual harassment, and clerical duties.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

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### D. ADDITIONAL COMMENTS:

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#### NOTES:

Merced County Human Services Agency (MCHSA) appears to be a sound CHAT Program. MCHSA provides therapeutic services to CHAT clients in the office via a full time Licensed Clinical Social Worker (LCSW) who is a Merced County Mental Health employee on loan to MCHSA via an Interdepartmental Agency Agreement. The LCSW provides therapeutic services to clients as young as three years of age to eighteen years of age during normal business hours. MCHSA also utilizes two WEX volunteers who provide outreach services and clerical duties.

MCHSA's goals/objectives appear to have been met. Most referrals come to MCHSA via phone calls from child protective services as most of the clients are foster children placed with families. Intakes and assessments are conducted on each CHAT client. If a potential client is determined to be ineligible for services offered at MCHSA, he/she is referred to other local agencies. Psychotherapy services were provided to eighty CHAT clients; sixty-two CHAT clients were provided assistance and/or referrals to the local victim witness assistance center for support services. MCHSA will be expounding its services to possibly provide more in-depth crisis counseling services as it was recently realized the CHAT Program can assist clients who are dealing with crisis situations. MCHSA was unable to meet the objective C goal: provide information or assistance in helping child victims prepare to participate in the criminal justice system. MCHSA has not received clients with open court cases needing this service.

MCHSA appears to keep well organized records for administrative purposes. Personnel files are kept very organized and include the necessary documents. Appropriate documents kept within CHAT Program staff's files include: W-4 forms, reference checks, DMV checks, yearly evaluations, pay rate information, etc. Background checks are ran on both employees and volunteers for MCHSA. Livescan is used for background checks via the Merced College Campus Police Department. Equal Employment Opportunity (EEO) Checklist was reviewed, and MCHSA appears to be in full compliance. Operational Agreements (OA) were secured by MCHSA and provided Cal EMA copies. The only OA not secured was for the local county hospital or medical treatment facility. MCHSA will secure an OA with a provider who can provide medical services, such as medical examinations and submit to me.

Fiscal records are kept in a neat and precise manner and were easily retrievable for review. Ledgers and back-up source documents were reviewed. Total expenditures at the end of the grant period for MCHSA in federal funds is \$130,101 and the total match amount claimed is \$35,469. MCHSA will revert a total of \$16,509 due to an error of billing administrative costs into the grant for the Licensed Clinical Social Worker contract. This error was caught in August and MCHSA was unable to fully expend the reverted amount of funds. MCHSA's fiscal documentation appears to be kept neatly. All necessary documentation was attached to the monthly ledger and the appropriate line items billed to the CHAT Program appeared to be approvable. A billing error was discovered for billings submitted to Cal EMA: Only Personal Services were billed to the grant; MCHSA budget also had Operating Expenses. MCHSA was notified to submit one revised 2-201 to correct this error by reporting the correct amount of Personal Services noted in a negative amount, and report the correct amount expended for Operating Expenses in a positive amount, resulting a total of \$0. Additionally MCHSA was informed to notate on the 2-201 to write the purpose of the additional 2-201 was to correct the incorrect report billing. Match funds were reported and appear to be on target. Match is met via the use of WEX workers who provide clerical duties and outreach services for the CHAT Program.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

MCHSA's programmatic and administrative review for the most part is sound. However, the following items need to be secured and submitted to Claire Wimbley-Brown, Program Specialist by **Monday, December 28, 2009**:

- Secure an Operational Agreement with a local county hospital or medical treatment facility;
- Submit a modification to reduce programmatic goal/objective C. Reduce the objective goal from fifteen to five clients;
- Submit an additional 2-201 Report of Expenditures and Request for Funds to correct billing. Expenditures should reflect the correct amount of funds billed to the grant for Personal Services and Operating Expenditures;
- Submit all CHAT staff and volunteer's personnel files for programmatic review.
- Submit a subcontract or Memorandum of Understanding for Supervisor of Licensed Clinical Supervisor Worker;